MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL: 10/540898 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		1				
2		1					52		1				
3		1					53		4				
4		1					54		1				
5		1					55		1				
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	/						63						
14		1					64						
15		1					65						
16	/						66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25		5					75						
26		5					76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	/						99						
50	/						100						
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	64						TOTAL DEP.						
TOTAL CLAIMS	79						TOTAL CLAIMS						

PTO - 1360